

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

VEERASHEKARAPPA MOODABAGILU, M.D.Holder of License No. 26014
For the Practice of Allopathic Medicine
In the State of Arizona

Case No. MD-06-0346C

**CONSENT AGREEMENT FOR
LETTER OF REPRIMAND****CONSENT AGREEMENT**

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Veerashekarappa Moodabagilu, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.

2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement of any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver,

1 express or implied, of the Board's statutory authority or jurisdiction regarding any other
2 pending or future investigation, action or proceeding. The acceptance of this Consent
3 Agreement does not preclude any other agency, subdivision or officer of this State from
4 instituting other civil or criminal proceedings with respect to the conduct that is the subject
5 of this Consent Agreement.

6 6. All admissions made by Respondent are solely for final disposition of this
7 matter and any subsequent related administrative proceedings or civil litigation involving
8 the Board and Respondent. Therefore, said admissions by Respondent are not intended
9 or made for any other use, such as in the context of another state or federal government
10 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
11 any other state or federal court.

12 7. Upon signing this agreement, and returning this document (or a copy thereof) to
13 the Board's Executive Director, Respondent may not revoke the acceptance of the
14 Consent Agreement. Respondent may not make any modifications to the document. Any
15 modifications to this original document are ineffective and void unless mutually approved
16 by the parties.

17 8. If the Board does not adopt this Consent Agreement, Respondent will not
18 assert as a defense that the Board's consideration of this Consent Agreement constitutes
19 bias, prejudice, prejudgment or other similar defense.

20 9. This Consent Agreement, once approved and signed, is a public record that will
21 be publicly disseminated as a formal action of the Board and will be reported to the
22 National Practitioner Data Bank and to the Arizona Medical Board's website.

23 10. If any part of the Consent Agreement is later declared void or otherwise
24 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force
25 and effect.

1 11. Any violation of this Consent Agreement constitutes unprofessional conduct
2 and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order,
3 probation, consent agreement or stipulation issued or entered into by the board or its
4 executive director under this chapter") and 32-1451.

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10 VEERASHEKARAPPA MOODABAGILU, M.D.
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DATED:  15th May, 07

FINDINGS OF FACT

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2 1. The Board is the duly constituted authority for the regulation and control of
3 the practice of allopathic medicine in the State of Arizona.

4 2. Respondent is the holder of license number 26014 for the practice of
5 allopathic medicine in the State of Arizona.

6 3. The Board initiated case number MD-06-0346C after receiving notification of
7 a malpractice settlement involving Respondent's care and treatment of a fifty-five year-old
8 female patient ("RP").

9 4. On April 30, 2002 RP presented to the rheumatologist ("Rheumatologist") for
10 a disability claim evaluation and complaining of lower back and neck pain. RP stated she
11 has a history chronic lower back pain. On May 3, 2002 RP presented to another physician
12 ("Physician #1) for evaluation and again complained of lower back pain and numbness in
13 her toes and leg. On May 4, 2002 RP presented to Respondent for an evaluation and he
14 noted she had a temperature of 99 and complained of back pain. Respondent believed RP
15 had acute bronchitis, but the chest X-ray was reported as normal. Respondent evaluated
16 RP again on May 5, 2002 and her blood cultures were positive for Streptococcus B. On
17 May 6, 2002 Physician #1 evaluated RP and noted she still complained of back pain and
18 lumbar spine tenderness.

19 5. On May 10, 2002 RP presented to another physician ("Physician #2") to
20 complete her disability forms. Physician #2 noted she complained of back pain. Physician
21 #2 evaluated RP again on May 14, 2002 and noted she complained of back pain and
22 numbness on her face and right hand.

23 6. On May 18, 2002 RP presented to the hospital and was examined by the
24 emergency room physician ("Physician #3"). Physician #3 admitted RP to the hospital with
25 severe left posterior thoracic pain worse with inspiration. Physician #3 noted RP had

1 normal heart, lung and neurologic examinations, but he was concerned RP may have a
2 pulmonary embolus because she had limited activity. On May 19, 2002 Physician #3 noted
3 RP had severe mid back pain. The nurse noted RP had back pain with radiation to the calf.
4 Physician #3 ordered a bone scan of RP's lumbar spine demonstrating an increase uptake
5 at L5. Physician #3 transferred RP to a care center.

6 7. Respondent resumed care of RP on May 23, 2002 and noted her prior
7 history and that she had no neurologic deficits. On May 25, 2002 the care center nurse
8 noted RP could not void and she had to be straight catheterized for 600cc at 2:45 p.m. At
9 7:10 p.m. the nurse noted RP complained of severe back pain, numbness of her lower
10 body and no strength in her legs. The nurse called Respondent and he stated he was
11 aware of the problem and did not present to examine RP until May 29, 2002. On May 26,
12 2002 the nurse noted RP was straight catheterized for 1000cc and reported numbness in
13 RP's lower extremities and an inability to move her toes. The nurse contacted Respondent
14 and he advised the nurse that he would ask another physician to evaluate RP. On May 27,
15 2002 the nurse noted RP could not feel her lower extremities.

16 8. On May 29, 2002 Respondent performed a neurologic examination on RP
17 and noted she complained of weakness, distention of the bladder, inability to sit up and
18 decreased sensation distally from T10. Respondent arranged a transfer to another hospital
19 and a neurosurgery consultation for RP, but her transfer was delayed because no beds
20 were available.

21 9. On May 31, 2002 RP was transferred and admitted to the hospital unable to
22 move her lower extremities. The neurosurgeon ("Neurosurgeon") ordered a magnetic
23 resonance imaging scan demonstrating diskitis, osteomyelitis and an epidural abscess.
24 Neurosurgeon performed a laminectomy and thecal sac decompression T6 – T8. On June
25

1 4, 2002 Neurosurgeon transferred RP to an acute spinal rehabilitation neurologically
2 unchanged.

3 10. In a patient with a prior history of infection who is complaining of a changing
4 neurologic condition with loss of sensation, motor strength or loss of bowel and/or bladder
5 function, the standard of care requires a physician to perform a thorough neurologic
6 examination and order the appropriate diagnostic studies.

7 11. Respondent deviated from the standard of care because he did not perform
8 a thorough neurologic examination until May 29, 2002 and he did not order diagnostic
9 studies.

10 12. RP developed permanent paraplegia from an epidural abscess that was
11 undiscovered until her transfer on May 31, 2002.

12 CONCLUSIONS OF LAW

13 1. The Board possesses jurisdiction over the subject matter hereof and over
14 Respondent.

15 2. The conduct and circumstances described above constitute unprofessional
16 conduct pursuant to A.R.S. § 32-1401 (27)(II) ("conduct that the board determines is
17 gross negligence, repeated negligence or negligence resulting in harm to or the death of a
18 patient").

19 ORDER

20 IT IS HEREBY ORDERED THAT:

21 1. Respondent is issued a Letter of Reprimand for failure to address of the
22 patient's neurological deficits.

23 2. This Order is the final disposition of case number MD-06-0346C.

24 DATED AND EFFECTIVE this 28th day of May, 2008.
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ARIZONA MEDICAL BOARD

By 
TIMOTHY C. MILLER, J.D.
Executive Director

ORIGINAL of the foregoing filed
this 22nd day of May, 2006 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed
this 22nd day of May, 2006 to:

Veerashekarappa Moodabagilu, M.D.
Address of Record


Investigational Review